

| CONTRACT DATA REQUIREMENTS LIST (2 Data Items) | | | | | | Form Approved OMB No. 0704-0188 | |
|---|---|-------------------------|--|---|---------------------------------------|------------------------------------|--|
| The public reporting burden for this collection of information is estimated to average 220 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN your form to the above address. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E. | | | | | | | |
| A. CONTRACT LINE ITEM NO. | | B. EXHIBIT | | C. CATEGORY: TDP _____ TM _____ OTHER _____ | | | |
| D. SYSTEM/ITEM Engineering Technical Services | | | E. CONTRACT/PR NO. | | F. CONTRACTOR | | |
| 1. DATA ITEM NO. A001 | 2. TITLE OF DATA ITEM Scientific and Technical Reports | | | 3. SUBTITLE | | | |
| 4. AUTHORITY (Data Acquisition Document No.) DI-MISC-80711 | | | 5. CONTRACT REFERENCE CLIN 0001 (SEE BLK 16) | | 6. REQUIRING OFFICE TASKING OFFICE | | |
| 7. DD 250 REQ LT | 9. DIST STATEMENT REQUIRED N/A | 10. FREQUENCY AS REQ | 12. DATE OF FIRST SUBMISSION SEE BLK 16 | | 14. DISTRIBUTION | | |
| 8. APP CODE N/A | | 11. AS OF DATE N/A | 13. DATE OF SUBSEQUENT SUBMISSION SEE BLK 16 | | a. ADDRESSEE | | |
| | | | | | b. COPIES | | |
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| 16. REMARKS Block 5: And if options are exercised, line item 0005, 0009, 0013, and 0017 Block 10: A specified in each delivery order Blocks 12 & 13: Not later than 30 days after task assignment Block 14: Technical Point of contact as specified in each delivery order. | | | | | SEE BLK 16 | | |
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| 15. TOTAL | | | | | | | |
| 1. DATA ITEM NO. A002 | 2. TITLE OF DATA ITEM Scientific and Technical Reports | | | 3. SUBTITLE Final Report | | | |
| 4. AUTHORITY (Data Acquisition Document No.) DI-MISC-80711 | | | 5. CONTRACT REFERENCE CLIN 0001 (SEE BLK 16) | | 6. REQUIRING OFFICE TASKING OFFICE | | |
| 7. DD 250 REQ LT | 9. DIST STATEMENT REQUIRED N/A | 10. FREQUENCY AS REQ | 12. DATE OF FIRST SUBMISSION SEE BLK 16 | | 14. DISTRIBUTION | | |
| 8. APP CODE N/A | | 11. AS OF DATE N/A | 13. DATE OF SUBSEQUENT SUBMISSION SEE BLK 16 | | a. ADDRESSEE | | |
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| 16. REMARKS Block 5: And if options are exercised, line item 0005, 0009, 0013, and 0017 Block 12: Not later than five (5) days after completion of first order. Block 13: Not later that five (5) days after completion of each subsequenet order. Block 14: Technical Point of contact as specified in each delivery order. | | | | | SEE BLK 16 | | |
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| 15. TOTAL | | | | | | | |
| G. PREPARED BY <i>McGraw</i> | | H. DATE 10/24/02 | | I. APPROVED BY <i>William W. [Signature]</i> | | J. DATE 10/24/02 | |

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST

(2 Data Items)

Form Approved
OMB No. 0704-0188

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A. CONTRACT LINE ITEM NO. **B. EXHIBIT** **C. CATEGORY:**
TDP _____ TM _____ OTHER _____

D. SYSTEM/ITEM **E. CONTRACT/PR NO.** **F. CONTRACTOR**
Engineering Technical Services

1. DATA ITEM NO. **2. TITLE OF DATA ITEM** **3. SUBTITLE**
A003 Manhour Estimate, Technical Cost Proposals

4. AUTHORITY (Data Acquisition Document No.) **5. CONTRACT REFERENCE** **6. REQUIRING OFFICE**
DI-FNCL-81116 CLIN 0001 (SEE BLK 16) NSWCCD COR

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|----------------------------|--|-------------------------------|---|-------------------------|-----------|-------|
| 7. DD 250 REQ LT | 9. DIST STATEMENT REQUIRED N/A | 10. FREQUENCY MTHLY | 12. DATE OF FIRST SUBMISSION SEE BLK 16 | 14. DISTRIBUTION | | |
| 8. APP CODE N/A | | 11. AS OF DATE N/A | 13. DATE OF SUBSEQUENT SUBMISSION MTHLY | a. ADDRESSEE | b. COPIES | |
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16. REMARKS
Block 5: And if options are exercised, line item 0005, 0009, 0013, and 0017 This report is required individually for each order.
Blocks 12: Not later than 30 days after task assignment
Block 14: Technical Point of contact as specified in each delivery order.

1. DATA ITEM NO. **2. TITLE OF DATA ITEM** **3. SUBTITLE**
A004 Monthly Status Reports

4. AUTHORITY (Data Acquisition Document No.) **5. CONTRACT REFERENCE** **6. REQUIRING OFFICE**
DI-MISC-80711 CLIN 0001 (SEE BLK 16) TASKING OFFICE

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| 7. DD 250 REQ LT | 9. DIST STATEMENT REQUIRED N/A | 10. FREQUENCY AS REQ | 12. DATE OF FIRST SUBMISSION SEE BLK 16 | 14. DISTRIBUTION | | |
| 8. APP CODE N/A | | 11. AS OF DATE N/A | 13. DATE OF SUBSEQUENT SUBMISSION MTHLY | a. ADDRESSEE | b. COPIES | |
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16. REMARKS
Block 5: And if options are exercised, line item 0005, 0009, 0013, and 0017
Block 12: Not later than 30 days after first order.
Block 14: Technical Point of contact as specified in each delivery order.

G. PREPARED BY **H. DATE** **I. APPROVED BY** **J. DATE**
M. C. Marvel 10/24/02 W. W. W. 10/24/02

17. PRICE GROUP
18. ESTIMATED TOTAL PRICE

17. PRICE GROUP
18. ESTIMATED TOTAL PRICE

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|--|---|--------------------------------|--|---|--------------------------------------|-----------|-------|--|--|
| A. CONTRACT LINE ITEM NO. | | B. EXHIBIT | | C. CATEGORY: TDP _____ TM _____ OTHER _____ | | | | | |
| D. SYSTEM/ITEM | | | E. CONTRACT/PR NO. | | F. CONTRACTOR | | | | |
| 1. DATA ITEM NO. A005 | 2. TITLE OF DATA ITEM Preliminary Inspection Report | | | | 3. SUBTITLE | | | | |
| 4. AUTHORITY (Data Acquisition Document No.) | | | 5. CONTRACT REFERENCE CLIN 0001 | | 6. REQUIRING OFFICE NSWCCD | | | | |
| 7. DD 250 REQ LT | 9. DIST STATEMENT REQUIRED N/A | 10. FREQUENCY AS REQ | 12. DATE OF FIRST SUBMISSION SEE BLK 16 | | | | | | |
| 8. APP CODE N/A | | 11. AS OF DATE N/A | 13. DATE OF SUBSEQUENT SUBMISSION AS REQ | | | | | | |
| 16. REMARKS Block 5: And if options are exercised, line item 0005, 0009, 0013, and 0017. Block 12: No later than five (5) working days after inspection. Block 14: Technical Point of Contact; as specified in each delivery order | | | | | 14. DISTRIBUTION | | | | |
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17. PRICE GROUP

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TOTAL PRICE

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|--|--|--------------------------------|--|--|--|-----------|-------|--|--|
| 1. DATA ITEM NO. A006 | 2. TITLE OF DATA ITEM Final Inspection Reports | | | | 3. SUBTITLE | | | | |
| 4. AUTHORITY (Data Acquisition Document No.) | | | 5. CONTRACT REFERENCE CLIN 0001 | | 6. REQUIRING OFFICE TASKING OFFICE | | | | |
| 7. DD 250 REQ LT | 9. DIST STATEMENT REQUIRED N/A | 10. FREQUENCY AS REQ | 12. DATE OF FIRST SUBMISSION SEE BLK 16 | | | | | | |
| 8. APP CODE N/A | | 11. AS OF DATE N/A | 13. DATE OF SUBSEQUENT SUBMISSION AS REQ | | | | | | |
| 16. REMARKS Block 5: And if options are exercised, line item 0005, 0009, 0013, and 0017. Block 12: No later than fifty (50) working days following inspection. Block 14: Technical Point of Contact; as specified in each delivery order | | | | | 14. DISTRIBUTION | | | | |
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17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

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| G. PREPARED BY <i>M. Cox Marvel</i> | H. DATE <i>10/24/02</i> | I. APPROVED BY <i>[Signature]</i> | J. DATE <i>10/24/02</i> |
|---|-----------------------------------|---|-----------------------------------|

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|---|--|---|--|--|--|
| DEPARTMENT OF DEFENSE CONTRACT SECURITY CLASSIFICATION SPECIFICATION <i>(The requirements of the DoD Industrial Security Manual apply to all security aspects of this effort.)</i> | | | | 1. CLEARANCE AND SAFEGUARDING a. FACILITY CLEARANCE REQUIRED <div style="text-align: center;">SECRET</div> b. LEVEL OF SAFEGUARDING REQUIRED <div style="text-align: center;">SECRET</div> | |
| 2. THIS SPECIFICATION IS FOR: <i>(X and complete as applicable)</i> | | | 3. THIS SPECIFICATION IS: <i>(X and complete as applicable)</i> | | |
| a. PRIME CONTRACT NUMBER | | a. ORIGINAL <i>(Complete date in all cases)</i> | | DATE (YYYYMMDD) | |
| b. SUBCONTRACT NUMBER | | b. REVISED <i>(Supersedes all previous specs)</i> | | REVISION NO. | |
| <input checked="" type="checkbox"/> c. SOLICITATION OR OTHER NUMBER N65540-03-R-0071 | | DUE DATE (YYYYMMDD) 2003-07-24 | | <input type="checkbox"/> c. FINAL <i>(Complete Item 5 in all cases)</i> | |
| 4. IS THIS A FOLLOW-ON CONTRACT? <input type="checkbox"/> YES <input type="checkbox"/> NO. If Yes, complete the following: Classified material received or generated under _____ <i>(Preceding Contract Number)</i> is transferred to this follow-on contract. | | | | | |
| 5. IS THIS A FINAL DD FORM 254? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. If Yes, complete the following: In response to the contractor's request dated _____, retention of the classified material is authorized for the period of _____. | | | | | |
| 6. CONTRACTOR <i>(Include Commercial and Government Entity (CAGE) Code)</i> | | | | | |
| a. NAME, ADDRESS, AND ZIP CODE COMPETITIVE | | b. CAGE CODE | | c. COGNIZANT SECURITY OFFICE <i>(Name, Address, and Zip Code)</i> | |
| 7. SUBCONTRACTOR | | | | | |
| a. NAME, ADDRESS, AND ZIP CODE | | b. CAGE CODE | | c. COGNIZANT SECURITY OFFICE <i>(Name, Address, and Zip Code)</i> | |
| 8. ACTUAL PERFORMANCE | | | | | |
| a. LOCATION CONUS/OCONUS | | b. CAGE CODE | | c. COGNIZANT SECURITY OFFICE <i>(Name, Address, and Zip Code)</i> | |
| 9. GENERAL IDENTIFICATION OF THIS PROCUREMENT | | | | | |
| | | | | | |
| 10. CONTRACTOR WILL REQUIRE ACCESS TO: | | YES NO | | 11. IN PERFORMING THIS CONTRACT, THE CONTRACTOR WILL: | |
| a. COMMUNICATIONS SECURITY (COMSEC) INFORMATION | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | a. HAVE ACCESS TO CLASSIFIED INFORMATION ONLY AT ANOTHER CONTRACTOR'S FACILITY OR A GOVERNMENT ACTIVITY | |
| b. RESTRICTED DATA | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | b. RECEIVE CLASSIFIED DOCUMENTS ONLY | |
| c. CRITICAL NUCLEAR WEAPON DESIGN INFORMATION | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | c. RECEIVE AND GENERATE CLASSIFIED MATERIAL | |
| d. FORMERLY RESTRICTED DATA | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | d. FABRICATE, MODIFY, OR STORE CLASSIFIED HARDWARE | |
| e. INTELLIGENCE INFORMATION | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | e. PERFORM SERVICES ONLY | |
| (1) Sensitive Compartmented Information (SCI) | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | f. HAVE ACCESS TO U.S. CLASSIFIED INFORMATION OUTSIDE THE U.S., PUERTO RICO, U.S. POSSESSIONS AND TRUST TERRITORIES | |
| (2) Non-SCI | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | g. BE AUTHORIZED TO USE THE SERVICES OF DEFENSE TECHNICAL INFORMATION CENTER (DTIC) OR OTHER SECONDARY DISTRIBUTION CENTER | |
| f. SPECIAL ACCESS INFORMATION | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | h. REQUIRE A COMSEC ACCOUNT | |
| g. NATO INFORMATION | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | i. HAVE TEMPEST REQUIREMENTS | |
| h. FOREIGN GOVERNMENT INFORMATION | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | j. HAVE OPERATIONS SECURITY (OPSEC) REQUIREMENTS | |
| i. LIMITED DISSEMINATION INFORMATION | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | k. BE AUTHORIZED TO USE THE DEFENSE COURIER SERVICE | |
| j. FOR OFFICIAL USE ONLY INFORMATION | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | l. OTHER <i>(Specify)</i> | |
| k. OTHER <i>(Specify)</i> | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |

12. **PUBLIC RELEASE.** Any information (*classified or unclassified*) pertaining to this contract shall not be released for public dissemination except as provided by the Industrial Security Manual or unless it has been approved for public release by appropriate U.S. Government authority. Proposed public releases shall be submitted for approval prior to release ☒ Direct ☐ Through (*Specify*)

Commanding Officer, Naval Surface Warfare Center, CARDEROCK Division, Ship Systems Engineering Station, Code 02802, Philadelphia, PA 19112

to the Directorate for Freedom of Information and Security Review, Office of the Assistant Secretary of Defense (Public Affairs)* for review.

*In the case of non-DoD User Agencies, requests for disclosure shall be submitted to that agency.

13. **SECURITY GUIDANCE.** The security classification guidance needed for this classified effort is identified below. If any difficulty is encountered in applying this guidance or if any other contributing factor indicates a need for changes in this guidance, the contractor is authorized and encouraged to provide recommended changes; to challenge the guidance or the classification assigned to any information or material furnished or generated under this contract; and to submit any questions for interpretation of this guidance to the official identified below. Pending final decision, the information involved shall be handled and protected at the highest level of classification assigned or recommended. (*Fill in as appropriate for the classified effort. Attach, or forward under separate correspondence, any documents/guides/extracts referenced herein. Add additional pages as needed to provide complete guidance.*)

14. **ADDITIONAL SECURITY REQUIREMENTS.** Requirements, in addition to ISM requirements, are established for this contract. ☐ Yes ☒ No
(*If Yes, identify the pertinent contractual clauses in the contract document itself, or provide an appropriate statement which identifies the additional requirements. Provide a copy of the requirements to the cognizant security office. Use Item 13 if additional space is needed.*)

15. **INSPECTIONS.** Elements of this contract are outside the inspection responsibility of the cognizant security office. ☐ Yes ☒ No
(*If Yes, explain and identify specific areas or elements carved out and the activity responsible for inspections. Use Item 13 if additional space is needed.*)

16. **CERTIFICATION AND SIGNATURE.** Security requirements stated herein are complete and adequate for safeguarding the classified information to be released or generated under this classified effort. All questions shall be referred to the official named below.

| | | |
|--|-------------------------------------|---|
| a. TYPED NAME OF CERTIFYING OFFICIAL DOROTHY MORTON | b. TITLE SECURITY MANAGER | c. TELEPHONE (<i>Include Area Code</i>) (215) 897-1623 |
| d. ADDRESS (<i>Include Zip Code</i>) | 17. REQUIRED DISTRIBUTION | |
| e. SIGNATURE | <input checked="" type="checkbox"/> | a. CONTRACTOR |
| | <input checked="" type="checkbox"/> | b. SUBCONTRACTOR |
| | <input checked="" type="checkbox"/> | c. COGNIZANT SECURITY OFFICE FOR PRIME AND SUBCONTRACTOR |
| | <input checked="" type="checkbox"/> | d. U.S. ACTIVITY RESPONSIBLE FOR OVERSEAS SECURITY ADMINISTRATION |
| | <input checked="" type="checkbox"/> | e. ADMINISTRATIVE CONTRACTING OFFICER |
| | <input checked="" type="checkbox"/> | f. OTHERS AS NECESSARY |